Reg. Dist. No.

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in by the funeral director, and 2 should be filed with

24 hours after death. Page 4

Then please remave carbon pop

requires that the deoth certificate be executed TO HOSPITAL OR

1. PLACE OF DEATH o. COUNTY	Caroline	MARYLANG	2. USUAL RESIDENCE (WI	here deceased lived. and		roline
b. CITY OR TOWN ( RURAL ond give n	(If outside corporate limits, nearest town)  Lenton	write c. LENGTH OF STAY IN 18		outside corporate lin	nits, write RURAL an	d give nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give	street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NOT
3. NAME OF DECEASED (Type or print)	Aman da	Middle	Baynard	4. DATE OF DEATH	Month Mar.	Day Year 10, 19 60
5. SEX	Nw	MARRIED NEVER MARRIED DIVORCED	May 5, 1	890 6	E (In years IF UND buthdoy) yrs.	ER 1 YEAR IF UNDER 24 HRS Days Hours Min.
HOUSEW	rking life, even if refired)	home	DUSTRY 11. BIRTHPLACE (Stote Maryl		12. (	USA
13. FATHER'S NAME Willia	m Driver	Street Line	14. MOTHER'S MAIDEN N	Potter		
	ER IN U. S. ARMED FORCES Ill yea, give wor or doles of service		. INFORMANT Lillie Bayn	ard, Dei	Address nton, Md	
Conditions, if of gove rise to it couse (o), stoting lying couse last.  PART II. OT Henip	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  DUE TO  Cony, which immediate the under- THER SIGNIFICANT CONDIT  Clegia, sev	Expidemic gr  Epidemic gr  Hypertensive  Hypertension  IONS CONTRIBUTING TO DEATH B  ere, 1930  b. DESCRIBE HOW INJURY OCCUR	heart disea	, INAL DISEASE CON		INTERVAL BETWEEN ONSET AND DEATH 2 days  10 yr  30 yr  ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 1
20c. TIME OF INJUI Hour a. n. p. m.	RY Month, Day, Year	20d. INJURY OCCURRED 20e. While Not while of work 0 of work	PLACE OF INJURY (Home, farm foctory, street, office bldg., etc	1, 20f. (City or tow	rn)	(County) (State
21. I certify the alive on_Na  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)		Mirth	th accurred at <u>GP</u>	arch 10 _M, from the ADDRESS (Street, ci	causes and on	l last saw the deceas the date stated aba DATE SIGN
220. BURIAL, CREMATIC REMOVAL (Specify	Mar.13,19	260 Springro		22d. LOCATION (C Dentor	City, town, or county	) (Stote)
23. FUNERAL DIRECTOR	r's SIGNATURE	ADDRESS SILLS	-1 Call	D BY REGISTRAR MAR 1 5 '60	24b. REGISTRAR'S	SIGNATURE

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2101 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(134111

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY Caroline o. STATE Mary land b. COUNTY Caroline MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Denton Denton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES TO NO T 3. NAME OF First Middle 4. DATE Last Month Day Year DECEASED Lucy Benson (Type or print) Lee DEATH Mar. 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. Jost birthdoy) Months Min. Hours unknown WIDOWED | DIVORCED T yrs. 10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) serv ant Maryland USA domestic home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown Sidney Benson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Lillie Baynard, no Denton, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS Y PERFORMED? YES T NO F 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20d. INJURY OCCURRED i 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour While Not while o. m. of work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection X Inquiry X, and find that death resulted fram: Natural causes X, Accident . Suicide . Hamicide . Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Mar. Denton, Md. 0 Springrove 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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VS. A15ME(5) 5M 9/55

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WINNACOTT

22c. NAME OF CEMETERY OR CREMATORY St. Gertrudes

22d. LOCATION (City, town, or county) Rural Ridgely,

2-8-1960 Burial FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION.

REMOVAL (Specify)

PHYSICIAN'S Charles

22b. DATE THEREOF

ADDRESS

240. REC'D BY REGISTRAR DATEMAR 9

24b. REGISTRAR'S SIGNATURE Cirting S. Thous

Maryland

VS A15 (4) 15M 9/55

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CERTIFICATE OF DEATH Real College College ment and the company of the same and the company of Lackworld Missian Ed. Color, Adv. To hand contribute and Season, and Japanese Devictor for the Color of the C and the same and the same and the same of the same and th THE RESERVE OF THE PARTY OF THE

e. IS RESIDENCE

Year

IF UNDER 24 HRS.

INTERVAL BETWEEN

PERFORMED? NO F

VI, and find that

DATE SIGNED

(State)

(State)

(County)

24b. REGISTRAR'S SIGNATURE

arthur S. Frank

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

24g. REC'D BY REGISTRAR

DATMAR 2 8 '60

22d LOCATION (City, Jawn, or county)

DEPUTY MEDICAL EXAMINER

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Day

ON A FARM? YES NO

1960

0 VS. A15ME(5) 5M 9/55

ded to

SIGNATURE

NAME (Type)

REMOVAL (Specify),

23. FUNERAL DIRECTOR'S SIGNATURE

22a. BURIAL, CREMATION, 22b. DATE THEREOF

AS AND MEDICAL EXAMINED SUCKETHING AND OF DEATH stall the same of the same of

VS. A15ME(5) 5M 9/55

03080

_	3103	Reg. Dist.	No.
1.	PLACE OF DEATH O. COUNTY  CAROLINE  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence o. STATE A LANGE b. COUNTY	before admission)
	b. CITY OR TOWN (If equalide corporate limits, write RURA) and give necresi town)  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO S
L	NAME OF DECEASED (Type or print) RAPP First RETUE	BROWN A. DATE Month DE	Year 1960
	WIDOWED DIVORCED	DATE OF BIRTH  Stable 26/958  9. AGE (In years lost birthday)  Months Days	
10	to. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST) during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN  12. CITIZEN	OF WHAT COUNTRY?
1:	FATHER'S NAME THOMAS BROWN	14. MOTHER'S MAIDEN NAME WAS GAELLINE AL	LEN
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	Willard Brown Dis	ton land
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  Couse last.	ation & Cognition	MERVAL BETWEEN NSET AND DEATH WHILE WILLIAM MERCAL
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N		19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIE	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC While Not while factor of work at	CE OF INJURY (Home, farm, 120f. (City or tawn) (County)  The provided Autopsy (County)  The p	(State) (State) , and find that
	EXAMINER'S NAME (Type) DOWN D. GLOVAL	_M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER	DATE SIGNED  3-22-6
L		CREMATORY 22d. LOCATION (City, Jown, or county)	(State)
23	LEUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ACCORDED TO THE COLOR	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNAT	

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3104 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03081

Reg. Dist. No.

- 1			
		HACE OF DEATH ORGLINE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE ( ) ( ) b. COUNTY ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
	b	c. CITY OR TOWN (If outside corporals limits, write RURAL and give nearlest grown)	c. CITY OR TOWN (If ou side corporate limits, write RURAL and give nearest lown)
<	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO ((3)
	-(	NAME OF DECEASED Type or print) LAVERNE ROCHELL	E BROWN 4. DATE Month Day Year DEATH MBR 21, 1960
	5. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED	DATE OF BIRTH  P. AGE (in years lost birthday)  When the property of the prope
		USUAL OCCUPATION (Give kind of wark done 10b. KIND OF 8USINESS OR INDUSTI uring most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME THOMAS BROWN	14. MOTHER'S MAIDEN NAME LACOKELING ALLEN
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. In. or unknown) (If yes, give wor or doles of service)	Sillard Brown Taller Med
V	Thornes of the	PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  B 6 5  Conditions, if ony, which gave rise to immediate cause (a), storing the underlying couse last.  PART 1. DEATH WAS CAUSED 8Y:  DUE TO  DUE TO  Couse last.	Land Recognation
)	CATION	PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO DESCRIPTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO DESCRIPTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
5	MEDICAL CERTIFI	PRIMARY LI OF CONTRIBUTING LI CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCQUERED 20d. PLACE	ther noture of injury in Part I or Part II of item 18.)  Line Houle  (Caunty)  (State)  Once  Description  (State)
		1. Oli	ve, held an Autopsy, Inspection No. Inquiry No. and find that side, Homicide, Undetermined cause
		EXAMINER'S NAME (Type) DAWSON O. GOVAS	_M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   3-22-61
	220	BURIAL CREMATION, 28b. DATE THEREOF 22c. NAME OF CEMETERY OF SIENCE AND MICH. 23, 1960 April 2000	12 6
-	23.	EUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS	Aucl. DATE DATE 28'60 24b. REGISTRAR'S SIGNATURE Chrima S. Kraus

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death, cut e certificate, writing the vard "pending" in pencil in Item 18. Give Pages 177 and 3 to for Jed to the Chief Med Examiner's Office along with farm PM3. Page 5 may be retain TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 1 and 2 with or removal. VS. A15ME(5) 5M 9/55

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VS A1S (4) 15M 9/5S

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	18
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3111 CERTIFICATE OF DEATH

(13(183)) Reg. Dist. No.

		Caroline			MARYLAND	2. USUAL RES o. STATE		there deceased	lived. If institut b. COUNTY	ion: Resider		admissi	on)
	b. CITY OR TOWN (II RURAL and give ne	outside corporate limi arest town)	ts, write	c. LENGTH OF	F STAY IN 16	c. CITY OR	TOWN (IF	oulside corpo	rote limits, write f	RURAL ond	give neare	st town	)
	Prestor			83	3	X Rur	al	Prest	on, Md.				
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitol, g	ive street	oddress)		d. STREET	ADDRESS						DENCE FARM? NO
	NAME OF DECEASED	Fir	st		Middle	Lo	st	4. DATE	Moi	nth	Doy	١	reor
	(Type or print)	Sallie			rroll			DEATH	Mar	6		1	9 60
5. 5	SEX	6. COLOR OR RACE	7. MARE	IED NEVER	MARRIED _	8. DATE OF BIRT	гн		9. AGE (In years lost birthday)				
	Female	W	WIDOWI	D 🕅 DI	VORCED	June	10 1	876	83 yrs.	Months	Doys	Hours	Min.
10o	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired)	done 10b.	KIND OF BUSIN	VESS OR INDU		LACE (Stote	e or foreign co		12. CI	TIZEN OF	WHAT	COUNTRY?
	Housev			no	ne	Ma	rvla	nd		US	3		
13.	FATHER'S NAME			110	7110	14. MOTHER				100			
	Landa	Poole						77 70					
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURI	TY NO. 17. I	NFORMANT	ialle	E. P	oole	Iress			
[Yes	, no or unknown)	If yes, give wor or dates of s								,			
	no l			one		Lloyd	Car	roll	Prest	00.	Md.		
		TH [Enter only one co	use per lii		/ -		14	VL.	1 1/2	,	ONSET	VAL BET	DEATH
	1100	IMMEDIATE CAUSE (o	)	110111	Con	gertur	Villa	The state of the s	1417 W	52	2	7/	3
	400,1	DUE TO	~		(	1							
	Conditions, if or		,	ONON.	ory V	1196031	7				/	14	115
	gove rise to in couse (a), stating t	DIJE TO	0		1	1. 1		- 1					
	lying couse lost.	) (c		entra	1124	11716	Rlu.	Scher	6565		12	7 7	115
NO	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	O THE TERM	AINAL DISEASE	CONDITION GIV	VEN IN PAR	(T 1(o) 19.	WAS A	UTOPSY
CATION	10	79/17 V	3/14	4								PERFOI	NO I
CERTIFIC	20g. ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	RIBE HOW INJ	URY OCCURRE	D. (Enter noture	of injury in	Port I or Port	II of item 18.)				
AL	20c. TIME OF INJURY				en  20 Bi	A CE OF INVIION	***	last inti					-
MEDIC	Hour o.m.	/ Month, Doy, Yes	While	NJURY OCCURRI Not while t ot work	_ fo	ACE OF INJURY ctory, street, offic			or town)	(	County)		(State)
	21. I certify the	at I attended the	deceas	ed from 2	122	. 195 \$	to s	3/4	19 6	&that I	last saw	the	deceased
	alive on 2	1282	. 19.4	× 0	that death	occurred of	101	M from	the causes				
	dive on	nt 1	0/	, and	inai deam	occorred at	-d-2d		reet, city or town.		ne dare		d abave.
N	ACTUAL	sury (x	5/1	lenn	ui_	M.D.PUH	15-8	F Fre	sty S	Ned		3/	8/60
	PHYSICIAN'S NAME (Type)	tunded.	13.	Plymn	ner A	11)	Pol	30x#1	58 C	esti	4 9	M	f
220	BURIAL, CREMATION	N, 226. DATE THEREC	F	22c. NAME O	F CEMETERY O	R CREMATORY		22d. LOCAT	ION (City, town,	or county)		(Stote	)
	REMOVAL (Specify)	3/10/	60	Jr.	O. U.	A. M.		Pr	eston.		Md.		
23.	FUNERAL DIRECTOR'S	SIGNATURE	1 4	ADDRESS		,		D BY REGIST	RAR 24b. REGI	STRAR'S SI	4 -		
	11.1	1.140	00	رع	Prest	on. Md.	DATMA	R 1 1 '60	Civi	hun S.	though	40)	

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VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3105 CERTIFICA	ATE OF DEATH  Reg. D	03084
1. PLACE OF DEATH O. COUNTY CAROLET MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside a STATE D. b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. CITY OR TOWN Us outside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	o. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print) STELLA Middle CI	ORROLL 4. DATE OF DEATH MONTH	Day Year
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH  SULY 26 1888 9. AGE (In years lest birthdoy)  Wonths  yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if settred)	STRY 11. BIRTHPLACE (Stote or foreign country)  12. CI	TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME JO AN MURPHY	14. MOTHER'S MAIDEN NAME LENA COLLE	NS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (It yes, give wor or dates of service)	Turskent lall Address	Town bed
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	m	INTERVAL BETWEEN ONSET AND DEATH 2
Conditions, if any, which ) Wetertonen to	- Tiese from	2 morethe
gave rise to immediate couse (a), stating the under-lying couse lost.  DUE TO  (c) Curanana	1 Gall Maddelar	Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?
	D. (Enter nature of injury in Part I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. ft.  p. m. 19 While Not while at work at work	ACE OF INJURY (Home, form, 20f. (City or town) (clory, street, office bldg., etc.)	County) (Stote)
21. I certify that I ottended the deceosed from FEB.2.		last sow the deceased
ACTUAL M. 1 A. 1 M. '11	ADDRESS (Street, city or town, state)  M.D. MAPLE 1745	he dote stated above.  DATE SIGNED  174 P. 25.1960
PHYSICIAN'S BOBERT H. WAIGHT NID	GREENSBORD, Mp.	
220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) That 76 1960 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SI	GNATURE

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1. PLACE OF DEATH	aroline		MARYLAN		STATE Maj	(Where decessery)	b. COUN		roline
	offeens bo		15 Yrs.	ь ×	Rural			RURAL and g	live nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g		oddress)	10	STREET ADDRESS				IS RESIDENCE     ON A FARM?     YES    NOV
	No:				None				I IES [] NO
3. NAME OF DECEASED (Type or print)	William	sî	Middle Thomas		Chase	4. DATE OF DEATH	۸	Sonth	Day Yeor 28 1960
Male	6. COLOR OR RACE White	7. MARR	NEVER MARRIED		TE OF BIRTH -10-1881	5	9. AGE (In year lost birthdo)		1 YEAR IF UNDER 24 HI Days Hours Min
			KIND OF BUSINESS OR IN				country)		IZEN OF WHAT COUN
Electri	LClan		Electricia		Dela				U.S.A.
3. FATHER'S NAME Will	Liam Thom	as C	hase	14.	Rozena Rozena		ırd		
15. WAS DECEASED EVE	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO. 13	Mai		nase		sboro	, Marylan
1,27,75,7	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o			nejaro	Occlus	ion			INTERVAL BETWEEN
42	O. / DUE TO				lerotic		0.0000000000000000000000000000000000000	7	
Conditions, if o		)(			TGT.O LTG	Oura:	LOVEISCL	TEI.	
gove rise to i couse (a), stoting lying couse lost.	the under- DUE TO		Disea	se					
PART II. OT	HER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TE	RMINAL DISEA	SE CONDITION	SIVEN IN PART	T 1(0) 19. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	RRED. (Ent	er noture of injury	in Port I or Pa	rt II of item 18.)		
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Doy, Ye	ar 20d. It While of worl	Not white	PLACE Of foctory,	F INJURY (Home, f street, office bldg.,	orm, 20f. (Cit	ly or fown)	(C	County) (Sto
21. I certify th	hat I attended the	decease	ed from Mane	28	, 19 <u>50</u> , ta_	Man.	28, 19	69that 11	last saw the deced
alive an	Mar. 28	., 19	50 , and that de-	ath acc	urred a 7:20	DA_M, fra	m the cause	and an th	he date stated abo
	111	11	11		•		Street, city or tov		DATE SIG
ACTUAL	learly 1	4.5	Hueerfe	M.D.	Gre	ensbor	0, 111.		3/28/60
PHYSICIAN'S NAME (Type)	Charles H		olesifor)	1.D.					
220. BURIAL, CREMATIC			Barretts		MATORY Rlel	22d. 10C/ Nea	TION (City, tow Tred	n, or county) erick	a, Delawa
FUNERAL DIRECTOR	0 . 40	200 2	ADDRESS W	D.		EC'D BY REGIS		GISTRAR'S SIG	

ly itself in by the funeral director, Pages 1 and 2 should be filed with M D FO. XAI DIRECTOR: After certificate has been signed by the attending physician and compage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. TO FO.

24 hours after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within VS A15 (4) 15M 9/55

	TE OF DEATH		
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#### CERTIFICATE OF DEATH

Reg.	Dist.	No.

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		OTTS		QEI(III	. 47.	. 01 017			Reg. D	Dist. No.		
1.	PLACE OF DEATH  o. COUNTY	Carol	ine	MARYLA	11	USUAL RESIDENCE (D. STATE Mai	where decessery land			ence befo arol		
	RURAL and gira	f outside corporate limi	ts, write	e. LENGTH OF STAY IN	1 1b	Riral			RURAL ond	give nec	crest fow	n)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g  None	ive street	oddress)		d. STREET ADDRESS None						FARM?
3.	NAME OF DECEASED (Type or print)	Walter		Middle		ibbs	4. DATE OF DEATH		onth 3	12		Yeor 1960
5.	Male	6. COLOR OR RACE Col.	7. MARI WIDOW	RIED NEVER MARRIED ED 🔼 DIVORCED	0 8.07	-4-1879		9. AGE (In year birthdoy) yr:	Months 1.	Days	Hours	ER 24 HRS. Min,
I	Retired T	ON (Give kind of work of king Jife, even if retired aboror	done 10b.	None None		Maryla	and	country)		.S.A		COUNTRY
		drew Gib				No Re						
15		R IN U. S. ARMED FOR (If yes, give wor or dates of s	tanina)	social security no. 213-01-783	17. INFOR		Henry		y, Ma	aryl	and	
		TH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (o), (b), ond (c).]	Cere	br l Thi	combos	is			ERVAL BE	
	Conditions, if o gove rise to i couse (o), stoting	mmediate (	)	Genera	al Ar	terioscl	Lerosi	Ş				
CATION	lying couse lost. PART II. OTH	V.	ral	CONTRIBUTING TO DEAT	ry I	nfection	1		IVEN IN PA	RT 1(o) 1	PERFC	AUTOPSY PRMED?
CEPTIE		AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (Er	nter noture of injury	in Port I or Po	rt II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	or 20d, I While of wor	Not while		OF INJURY (Home, fo street, office bldg.,		y or town)		(County)		(Stote)
	alive an	of I attended the	deceas	-	leath acc		ADDRESS (		and an		te state	deceased ed above ATE SIGNED
	PHYSICIAN'S NAME (Type)	Charles H	I. S	tonesifor,	M.D.							
2	BUTTAL CREMATIC	3-16-6		Spring G		EMATORY		tion (City, town			(Stot	e)
23	TUNERAL DIRECTOR	S SIGNATURE	Pro	ADDRESS	ma		EC'D BY REGIS		GISTRAR'S S			

hours after death. Page 4 in by the funeral director, and 2 should be filed with certificate has been signed by the attending physician and camers as the burial-transit permit. Then please regions carbon papers. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed the registror prior to buriol, crematian, or remayal, and in any event within page 3 should be detached for use as the burial-transit permit. AL DIRECTOR: After TO FO

VS A15 (4) 15M 9/SS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH.

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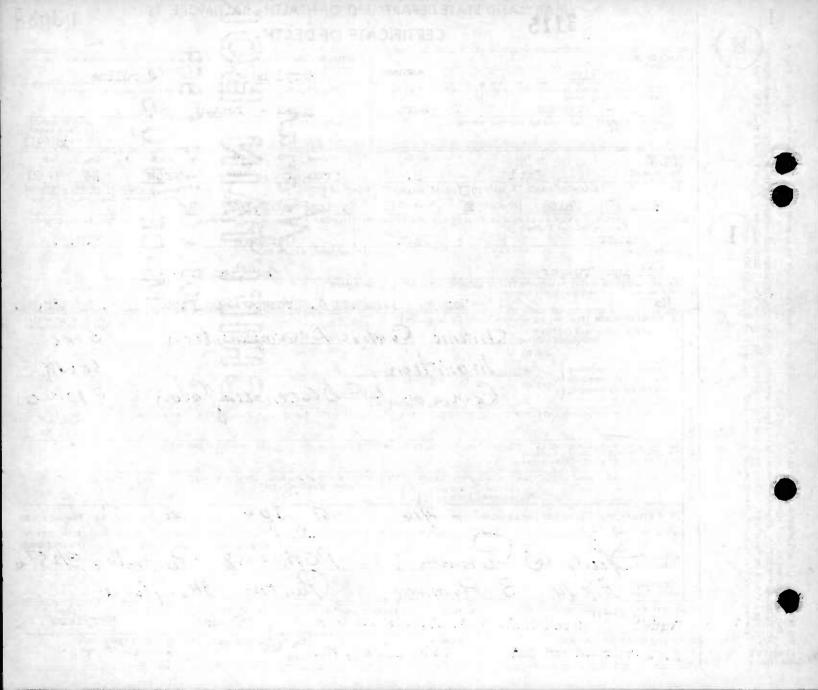
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#### 3115 CARPINENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

03088 Rea. Dist. No.

1. PLACE OF DEATH o. COUNTY Cal	roline		MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary)		lived. If institution b. COUNTY	on: Residence b		nission)
. b. CITY OR TOWN RURAL ond give of Rural	(If outside corporate limi nearest town)  — Preston	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpor		URAL ond give	nearest to	own)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g	ive street		d. STREET ADDRESS	2,400	0011	2	ON	RESIDENCE NA FARM?
3. NAME OF DECEASED (Type or print)	Fir Ca:	_	Middle R.	Lost Krueger	4. DATE OF DEATH	Mon Marc		Day 24	Year 19 60
s. sex Male	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH September	22.1877	9. AGE (In years lost birthdoy) 82 yrs.	Months Day	-	
Farme	rking life, even it refired	done 10b.	KIND OF BUSINESS OR IND Farm	USTRY 11. 8IRTHPLACE (Stote	e or foreign con	untry)		OF WHA	T COUNTRY?
13. FATHER'S NAME William	a Krueger			14. MOTHER'S MAIDEN		a Kruege	יר		
	ER IN U. S. ARMED FOR (If yes, give war or dates of st		social security no.	Robert G. Krue		Addi O8 Winto	ress	Fas	ton,Md
Conditions, if a gove rise to couse (o), stoting lying couse lost.  Part II. OT	the under-	(	CONTRIBUTING TO DEATH BU	OF BESCE	melia Ainal disease	Color CONDITION GIVE	EN IN PART 1(o	PER	S AUTOPSY FORMED?
OR CONTRIBUTING	AS UNDERLYING  GOOD CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port	II of item 18.)		1.00	
ZOc. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yeo	While	NJURY OCCURRED 20e. P	PLACE OF INJURY (Home, for octory, street, office bldg., et	m, 20f. (City	or town)	(Coun	ty)	(Stote)
21. I certify the alive an	hat I attended the 121 Lucy B. Hurdd.	deceas , 194 A	ed fram. 3/14  and that deat  my  Pummer	h accurred a 35 0 M.D. POBAL	M, fram t ADDRESS (Str.	he causes an	that I last s d an the do stote)  tylu  (our	ate stat	
220. SURIAL, CREMATIC REMOVAL (Specify Burial	March 27			or crematory Cemetery	22d. LOCATI Pres	on (City, town, o		ryla	nd
23. FUNERAL DIRECTOR J.J. Fren	r's signature aptom and Sc	n	Federals	ourg, Md. DATE	ARY 2 ESISTE		STRAR'S SIGNA		



urs ofter death. Poge 4

SICIAN: The law requires that the death certificate be executed

thending physician.

AL OR ATTENDING PH

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 116 2 FilmG261 4-20-60 et CERTIFICATE OF DEATH 3116

03089

									Reg. D	ist. No.		
1. PLACE OF DEATH						(Where dec	eased 1	ived. If institut	ion: Reside	nce before	e admiss	ion)
a. COUNTY	areline		MARYLAN	ID a. ST/	ATE IM	ā .		b. COUNT	Core	line		
b. CITY OR TOWN (IF		ts, write c.	LENGTH OF STAY IN	1b c. CII	Y OR TOWN	(If outside c	orpora	te limits, write	RURAL and	give near	rest town	1
RURAL and give nea	rest town)	770	0							0		
d. NAME OF HOSPITA		U . I ada	Zyrs.	-	Federa		TE	ru	ral		. IS RES	IDENICE
OR INSTITUTION	c (ir nor in nospiral, g	live siteel doo	ir ess)	d. 51		4.7				e	ON A	FARM?
Willoughby	v Nursing	Home			Route	3 # 2					YES 🔀	NO 🗌
3. NAME OF DECEASED	Fir	st	Middle		Last	4. DA	TE	Мо	nth	Day	, ,	ear .
(Tunn on maint) TT	ervey H.	Me M	ahan				ATH ]	March	29.	1960	) 1	9
S. SEX	6. COLOR OR RACE		NEVER MARRIED	B. DATE O	F BIRTH			AGE (In years	7		_	R 24 HRS.
male	white	WIDOWED I	DIVORCED [	Feb.	I9.	1883		last birthday)	Months	Days	Hours	Min.
10a. USUAL OCCUPATION		dane 10b. KIN	D OF BUSINESS OR IN				an cou			IZEN OF	WHATC	OUNTRY?
during mast of working	g life, even if retired	3		_		_						
retired 1	armer an	ia har	ernanger		THER'S MAIDE		•	Ma.	U	S.A	-	
	ison McMa				ary C	. Tow	eri	8				
1S. WAS DECEASED EVER (Yes, no. or unknown)   (if	IN U. S. ARMED FOR yes, give wor or dates of se		CIAL SECURITY NO.	INFORMAN	IT			Add	dress			
ne			ne	irs. A	ndrew	Will	ou	zhby-	Fede:	rals	bur	g. Md
18. CAUSE OF DEAT	H [Enter only one ca	use per line f	or (a), (b), and (c).]		+					INTE	RVAL BE	TWEEN
	H WAS CAUSED BY:	Mes	nenialia.	11 (1	rei	1001	nh	ros		ONSE	ET AND	DEATH S
450	IMMEDIATE CAUSE (a		1 de la company	0' ~		1	1					,,,,
750	, DUE TO	1.1.	U Han	ings !	1. 5	til	1	Rica		1/2	work	cased
Conditions, if any		WI	1 4	1 /		1	/ /	- jum	7	1	/	
couse (a), stating th		2/1		Loth	1. 12	4 /			/	1		
lying cause lost.	) (c	100	mpine 1	7/1	fice							
PART II. OTHE  20a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M	R SIGNIFICANT CON	DITIONS CON	RIBUTING TO DEATH	BUT NOT RELA	TED TO THE TE	RMINAL DIS	EASE (	CONDITION GI	VEN IN PAI	RT 1(a) 19	PERFO	RMED?
3				- /								NO 🗌
20a. ACCIDENT WAS	UNDERLYING [	20b. DESCRIE	BE HOW INJURY OCCU	RRED. (Enter n	ature of injury	in Part I or	Port I	1 af item 18.)		- 10 -		-
OR CONTRIBUTING (	MEDICAL EXAMINER)											
N 20c. TIME OF INJURY	Month, Day, Yes	or 20d. INJU	RY OCCURRED 20e	PLACE OF IN	JURY (Home,	farm, 20f.	(City o	r town)	-	(County)		(State)
20c. TIME OF INJURY Haur a.m. p. m.	19	While _	Not while	factary, stree	t, affice bldg.,	etc.)						
≥ p. m.		ot work _	at work	0 1/	10.	10	-/	01. 1				
21. I certify tho	t I attended the	deceased	fram//nw	2_1, 1	9.28 ta	-	w.	ZX, 190	that I la	ast saw	the d	eceased
alive an //n	W. 28	, 190	, and that de	ath accurre	ed at 5.34	M, fr	am th	ne causes a	nd an th	e date	stated	above.
/,	100			,	11	ADDRE	S (Stre	et, city or town	stote)	1.	DAT	E SIGNED
ACTUAL SIGNATURE	. K. XV	n	m	MD 7	ridu	while	ny	mol	//	MEN	31-	1760
	11 1-11		1 /		1		21	/				
PHYSICIAN'S NAME (Type)	V. E'LE	2 N/	VON		104	PY	1/	3 tur	9 mo	1		
22a. BURIAL, CREMATION	, 22b. DATE THEREC	)F 2	2c. NAME OF CEMETER	Y OR CREMAT	ORY	22d. Lo	OCATIO	ON (City, town,	or county)		(State	)
burial (Specify)	4/2/60		Hillerest	cem.		Ke	de	ralsbu	re. 1	Vid.		
23 FLINERAL DIRECTOR'S			ADDRESS	7	24- 5	ECID BY DE		AP 245 PEG			F	

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**D FUNERAL DIRECTOR**: After this certificate has been signed by the attending physician and cample page 3 shauld be detoched for use as the burial-transit permit. Then please remave carban pagest. the registrar priar to burial, cremation, or removal, and in any event within 72 hours after de WYST TO HOSPITAL OR ATTENDING PROBLES OF MANY CONTROL OF HER POSITION OF THE P

facure de numbriagacou. The second secon THE SERVICE STATE SO, 1986. Albert C. H. Norman .sis white thems to see 18, 1885 and the real to real to the street of the st . The state of the terior to the terms to the term the transfer of the state of th

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03090 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3106 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) a. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside coreorate limits, write RURAL and give nearest town) and give necrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES INO NAME OF Middle 4. DATE Month DECEASED OF DROH (Type or print) DEATH 100 6. COLOR OR RACE MARRIED THEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. last birthday) Hours Min. WIDOWED [ DIVORCED [ yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO 17. INFORMANT INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO DUE TO** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) a. m. Not while at work at work p. m.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? Š. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost. 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Hour 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection Inquiry death resulted from: Natural causes X Accident , Suicide , Homicide . Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220 BURIAL CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOGATION (City, town, or county); REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEMAR 1 4 '60

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5. SEX

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DATE SIGNED

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A CONTRACTOR			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO M

(Stote)

(Stote)

(County)

Ontlin & Heads

e. IS RESIDENCE ON A FARM? YES NO DA

Year

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Reg. Dist. No.

Months

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3117 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03091

Reg. Dist. No.

								9		
1. PLACE OF DEATH	roline		MAR	YLAND	2. USUAL RESIDENCE O. STATE MAI	E (Where decease y Land		tulion: Residen		nission)
and give nearest tow	of outside corporate limits, write burg - Rura		c. LENGTH OF STAY	( IN 1b	c. CITY OR TOWN		oorate limits, write		give nearest t	own)
	ar Bethel C		ital, give street addre	PSS)	d. STREET ADDRES		el Churc	ch	10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fir Wil	liam	Middle Bub	Ri	losi cketts	4. DATE OF DEATH	March Mon	lh 6	Day	Year 19 60
5. SEX Male	6. COLOR OR RACE	7. MARRIEI	D NEVER MARRIE		oate of Birth une 6, 188	34	9. AGE (In years top history) 75 yes.		YEAR IF UN	DER 24 HRS. Min.
10a. USUAL OCCUPAT during most of worki	ON (Give kind of working life, even if retired)	done 10b. KI	Parm	INDUSTRY	Caroline	tote or foreign c	ountry) aryland		S.A.	COUNTRY
13. FATHER'S NAME		Brewi	Lngton	1	A. MOTHER'S MAIDE S allie		s			
15. WAS DECEASED ET (Yes, no, or unknown) NO	VER IN U. S. ARMED FO (If yes, give war or dates of	service)	OCIAL SECURITY NO		ormant ttie H. Ri	icketts,	Federal		Md.,	R.F.D
	ATH [Enter only one cau ATH WAS CAUSED BY: IMMEDIATE CAUSE (c)		or (a), (b), and (c).]	Te	- me	Plite	<i>A</i> ^		INTERVAL BETY ONSET AND D	VEEN EATH
Conditions, if gove rise to imme (a), stating the couse last.	DUE TO	)	NTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE TE	RMINAL DISFAS	E CONDITION G	VFN IN PART	I(a) 19 WAS	AUTOPSY
PART II. OT	USE WAS 20		HOW INJURY OCCU							NO NO
20c, TIME OF INJU-	JRY Month, Day, Yea	While	Not while at work	20e. PLACE factory	OF INJURY (Home, I	form, 20f. (City etc.)	or lown)	(Coun	ty)	(State)
death resulted	hat I took charge d from: Natural						nspection [	-	, and	find the
EXAMINER'S NAME (Type)	Dawson (	Geor	rge, M.D.			L EXAMINER   DICAL EXAMINE  AL EXAMINER	_		3-8-	
220. BURIAL, CREMATIC REMOVAL (Specify Burial	March 12		Federal F	TERY OR CI	REMATORY Demet.erv	22d. LOCAT	ION (City, town, eralsbur	or county)	vland	ite)
23. FUNERAL DIRECTO						100	010000	8,	y accessor	

SEET MEDICAL EXAMINER'S CERTIFICATE OF DEATH or other property and the property of the prop CAN THE RESIDENCE OF THE PARTY Charles trade of the property of the party o

STATE OF

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VS A15 (4) 15M 9/55

3118

CERTIFICATE OF DEATH

03092

-	- ODKIII TO	TIE OF BEATTI	Reg. Dist. No.
M	D. PLACE OF DEATH OR CLINE MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE)	b. COUNTY
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest fown)	c. CITY OR TOWN (If outside carporote	limits, write RURAL and give nearest town)
<	d. NAME OF HOSPITAL (It not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) MORGARET ANNA S	CHUYLER 4. DATE OF DEATH	Month R Day Year 1960
-	F W WIDOWED DIVORCED	MAR. 20, 1885 1	AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
1	10d. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11 BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Edward Stubbs	14. MOTHER'S MAIDEN NAME	Boyd
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	rs. Mildrad ) fu	brand, Junton Ke
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  A Cute cardiac	Infarction	few minutes
		ary insufficiency	3 yr
	gave rise to immediate couse (a), stating the under-lying cause last.  DUE TO  (c)		
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  diabetes mellitus  200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		D. (Enter nature of injury in Part I or Port II o	f item 18.)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED that a. ft. While Not while of work the ot work that work the street of the street that the street t	ACE OF INJURY (Home, farm, 20f. (City or to tory, street, office bldg., etc.)	own) (County) (Stote)
	21. I certify that I attended the deceased from Feb alive on March 16, 19,60, and that death	occurred of 5:55 M. from th	e causes and on the date stated above.
	ACTUAL SIGNATURE So gull Timbles		city or town, state) DATE SIGNED
1	PHYSICIAN'S E.Paul Knotts M.D.	Denton, M	d
	220. BURIAL, CREMATION, 22b. DATE THEREOF PREMOVAL (Specify) 22c. NAME OF CEMETERY OF COLORS	R CREMATORY 22d. LOCATION	(City, lown, or county) (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dutos	Led DATE DATE	246. REGISTRAR'S SIGNATURE CINCHUN S. Frank

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3119 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Rea.	Dist.	No.

03093

			Reg. Dist.	. No.
1. PLACE OF DEATH Caroline	MARYLAND 2. USUAL RES	DENCE (Where deceased lived laryland	b. COUNTY Caro.	before admission)
b. CITY OR TOWN (If autside carporate limits, write c. LENG RURAL and are negret lown)		TOWN (If outside corporate li	mits, write RURAL and giv	re nearest fown)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION None	d. STREET	ADDRESS Non	e	e. IS RESIDENCE ON A FARM? YES NO DE
3. NAME OF DECEASED (Type or print) William No	orman Sewar	- 05	Month 3	Doy Year 6 19 60
S. SEX   6. COLOR OR RACE   7. MARRIED   7.	NEVER MARRIED   8. DATE OF BIR DIVORCED   9-7-1	los	A L. AL A.	YEAR IF UNDER 24 HRS. Days Haurs Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF Avring most of werking life, even if chired)  Retired Farm Owner		IACE (State or foreign country ryland		EN OF WHAT COUNTRY $S \cdot A$ .
13. FATHER'S NAME		S MAIDEN NAME		
George P. Seward		lary Emley S		
(Yes, no of unknown)   (If yes, give wor or dates of service)	security No. 17. INFORMANT 24-0485 Margare	t Seward G	oldsboro,	Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY:	), (b), and (c).}			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	ebral Hemorrha	rje		
Conditions, if ony, which ) (b) Art	eriosclerotic (	Indioxeconi	an Dis.	
gave rise to immediate DUSTO	h hypertension	Data To Ag 8 CAT	ar pra.	
cause (o), stating the under- lying cause last.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS  200. ACCIDENT WAS UNDERLYING CONTRIBUTIONS  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	UTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE COM	NDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OW INJURY OCCURRED. (Enter nature	of injury in Part 1 ar Part II of	item 1B.)	
	CCURRED 20e. PLACE OF INJURY factory, street, affi		wn) (Co	ounty) (State)
21. I certify that I attended the deceased fram	m Mar. 1 , 1960	, ta March 6	, 19.60 that I la	ist saw the decease
alive an March 6 , 1960	, and that death accurred a			
ACTUAL SC PLACE XI Afras	0.1.0.	ADDRESS (Street, dreensboro,		DATE SIGNE
SIGNATURE CLIEBLE H STINE	euger u.D.	11 6 1130010,	111.	0/00
PHYSICIAN'S Charles H. Stone				
TO PEMOVAL Specify	AME OF CEMETERY OR CREMATORY		(City, tawn, ar county)	(Stafe)
	reensboro	Greens 24g, REC'D BY REGISTRAR	Doro, Mar	
INE A D. XP	no Coro me.	DATE MAR 1 0 '60	arthur S.	
The state of the s	100	MAIL O OC		

VS A15 (4) 15M 9/S5

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE,

Military Company of the area trian CONTRACTOR .

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TO FC

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03094

3120

**CERTIFICATE OF DEATH** 

Ren Dist No

									uad. ni	31. 110.	
1. PLACE OF DEATH a. COUNTY	Caroli	ine	MARY	LAND	2. USUAL RESI	Mary		lived. If instituti b. COUNTY		ce before o	
Temple	If outside carporate limi	ts, write	c. LENGTH OF STAY			plev		ote limits, write R	URAL ond	give neares	t town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g None	ive street (	address)		d. STREET A	DDRESS		None			IS RESIDENCE ON A FARM? ES NOTE
3. NAME OF DECEASED (Type or print)	harles	st	Middle B.		Thomps		4. DATE OF DEATH	Mor 3	ith	21 <sup>Doy</sup>	Year 19 60
5. SEX Male	6. COLOR OR RACE White	WIDOWE		D	8. DATE OF BIRT	-187	9	9. AGE (In years last birthday) 80 yrs.	Months		UNDER 24 HRS.
Retired	ON (Give kind of work of king life, even if retired Farmer	dane 10b.	kind of Business o None	R INDUS		<u> </u>		untry)	12. CIT	U.S	WHAT COUNTRY
13. FATHER'S NAME	llion T	mb an			14. MOTHER'S						
	lliam E.		_	17 #	NFORMANT	n C.	MICK	erson			
(Yes, no. or unknown)	(If yes, give wor or dates of s	ervicel	Jnknown		atrice	Col	eman	Milli:		n, Ma	aryland
PART I. DE,  42 2  Conditions, if a gave rise to it cause (a), stating lying cause lost.	mmediate (	)	Prus		My Cestle	ACCOMP THE TERM	Lete Scl	Lalvy CONDITION GIVE	'EN IN PAR	ONSET	AL 8ETWEEN AND DEATH
20g. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	pualin	Fre	PASSAGE CRIBE HOW INJURY O	el	o Ale	ul	ing ,	1959			PERFORMED?
20c. TIME OF INJUI Haur o. m. p. m.	RY Manth, Day, Yes	20d. It While at warl	Nat while	20e. PL/ fac	ACE OF INJURY ( clary, street, affice	Hame, farm e bldg., etc.	20f. (City	or town)	(<	Caunty)	(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Typo)	Dir	186 Ufe	de cella	death	M.D. Lea	10:	ADDRESS (SI	the causes of th	and an the		the deceased stated abave.  DATE SIGNED  22/60
220. BURIAL, CREMATIC REMOVAL (Specify BUTIAL 23/YUNERAL DIRECTOR	3-24-6		Busic ADDRESS	ETERY O	R CREMATORY	240, REC'		Barcl		Jary SNATURE	(State)
7. E. Bou	lais Lr	een	Doro, V	uel			IAR 2 4		Thun &		4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ALL ALL AND AND AND ADDRESS OF THE PARTY OF		MIMAKE JA	DIG:M
			Marie Company Company

VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3121 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 3096

1,	o. COUNTY				Where deceased lived. If institution: Re	sidence before admission)
L	Ca	roline	MARYLAND	o. STATE Mary	yland b. county Ca	aroline
	b. CITY OR TOWN ( and give neares) tow		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If autside corporate limits, write RURAL	and give nearest town)
		Rural	Full Life	X Rural		
	d. NAME OF HOSPI	TAL OR INSTITUTION (If not	in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		rural				YES NO
3.	NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Day Year
	(Type or print)	Rola	nd L.	Trice	DEATH March	27 19 60
5.	SEX	6. COLOR OR RACE 7. N	ARRIED TO NEVER MARRIED B.	DATE OF BIRTH	ford & total A . A	DER TYEAR IF UNDER 24 HRS.
	Male	White wo	OWED DIVORCED	July 26,	1891 68 yrs. Month	B Days Hours Min.
100	. USUAL OCCUPAT	ION (Give kind of work dane	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	e or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	Barr	ing life, even if retired)	Farmer	Mary:	land	U. S. A.
13	FATHER'S NAME			14. MOTHER'S MAIDEN		00 00
		Frank Trie	e	Martha	Resser	
15	. WAS DECEASED E	VER IN U. S. ARMED FORCES?		FORMANT	Address	
174	n, no, or unknown)	(If yes, give war or dates of service)	215-38-0622	Mrs. Elma	a Trice Federa:	lsburg. R. FI
-	To course of or	A 201 (C.)			z zizoo rodora.	INTERVAL BETWEEN
		ATH [Enter only one cause per ATH WAS CAUSED BY:	Time for (o), (o), and (c).	1. 1. 1	2	ONSET AND DEATH
	100	IMMEDIATE CAUSE (a)	Course	y ucce	usière	Suddle
	1420.	DUE TO	0 16	1. 1 11		142 11.
	Conditions, if		Coronary 1	east we	seest	12 mound
	gove rise to imme		7			
	cause last.	(c)	V			
Z	PART II. OT	THER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
3						YES NO X
CERTIFICATION	20a. EXTERNAL CA		SCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Pa	rt I ar Part II of item 18.)	
MEDICAL	20c. TIME OF INJ			CE OF INJURY (Home, for		(Caunty) (State)
NED VED	Hour a. m		While Not while of work of work	ary, street, office bldg., etc	c.)	
1			the remains described abo	ve. held an Autan	sy . Inspection . Ina	uiry XI. and in my
			and	<b>-</b>		And the second
	opinion dean	resulted from: Natu	Accident	_, Suicide [_],	Tromicide [], Onderermine	d manner
	ACTUAL SIGNATURE	Danner P	Garage	CHIEF MEDICAL	Y A A A I I I I I	DATE SIGNED
	SIGNATURE_	Janson -	Mary	_M.U.	CAL EXAMINER [	2 22 6
	EXAMINER'S	7/14.001	D 0 20200	DEPUTY MEDICAL		3-30-6
100	NAME (Type)	11) Chr W	0.620172			
72	REMOVAL (Specif		22c. NAME OF CEMPTERY OR		22d. LOCATION (City, town, or count	(State)
-	Buris		,   Concord Ce	metery	Federalsburg	R.F.D.
23	. FUNERAL DIRECTO	OK S SIGNATURE	ADDRESS		"D BY REGISTRAR" 246. REGISTRAR'S	
1	Harw	the Williams	Federalsb	ure. Mapate	APR 4 '60 arthur	1 & Krank

		EDICAL EXAMINES'S		
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	Tender Alle Miles			
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	Manusay was a sense.			
	Park Land	,		
		dalan tanka perse		

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3122 8 afian, should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY O. STATE 20 MARYLAND buriel, b. CITY OR TOWN (It outside corporate limits, write SURAL C LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS prior NAME OF Middle 4. DATE (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH WIDOWED 17 DIVORCED T 10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) ond C puo a rueno 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT yes, give war or dates of service) Give 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) burial-transit DUE TO Conditions, if any, which gove rise to immediate cause guo DUE TO (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY SD 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) PRIMARY | or CONTRIBUTING | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED EXAMINER: foctory, street, office bldg., etc.) While Hour g. m. Not while at work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy \(\pi\). to the Chief I death resulted from: Natural causes KI. Accident , Suicide | | Homicide | ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE RAL ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 22g. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 lon. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D 8Y REGISTRAR VS. A15ME(5) MAR 1 4 '60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No c. CITY OR TOWN IIf ourside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Doy Year 19 IF UNDER TYPAR IF UNDER 24 HRS. Months Days 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN PERFORMED? YES 🗍 NO M (County) (Stote) Inquiry and find that Undetermined cause DATE SIGNED 22d. LOCATION (City, town, or county, (Stote)

b. COUNTY

Month

YES.

Address

9. AGE (In years

last birthday)

Inspection |

24b. REGISTRAR'S SIGNATURE

arthur S. Thrus

5M 9/55

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1			MARYL	AND STATI	E DEPARTME	NT OF H	HEALTH-BALTIN	MORE, 18	03000	1
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P P	=	J.L	65	tem 22b,	Film G259,	3/18/6	No. of the last of		, Dist. No.	
S O O S	1. 3	LACE OF DEATH	PILLEN	15	MARYLAND	a. STATE	SIDENCE (Where deceased liv	ed. If Institution, R	Paridence before odmission)	
2 (3)	-	. CITY OR TOWN (IF ou	thide cornerate limits, write	SUBAL C IEN	GTH OF STAY IN 16	c CITY OP	TOWN (If outside corporate	Ty Cit	- ICODPIC	
		and give nearest town)	Early 1 PA	2 186	0111 01 3121 114 15	X	CAL TIT		LIBURF	
	1	NAME OF HOSPITAL	OR INSTITUTION (	f not in hospital, giv	e street address)	d. STREET	ADDRESS	701410	e. IS RESIDEN	CE
directory is n prior prior						1			ON A FARA	V?
any delt		NAME OF DECEASED Type or print)	REGIA	ALD	Middle /	Loss	GT OF DEATH	Month Month	Day Year	()
= <b>9</b>	5. \$	EX	6. COLOR OR RACE	7. MARRIED N	DIVORCED   B	DATE OF BIRTH	9. A	Montl	DER TYEAR IF UNDER 24 H	IRS.
3 to with with	100	USUAL OCCUPATION	I Give kind of work			RY 11. BIRTHPL	ACE (State or foreign country	yrs. 12	CITIZEN OF WHAT COUNT	TRY2
and and and and and a	d	uring most of working	life, even if retired)			128	BRG Lis		1.6 1 12	
5 may loges 1 o	13.	FATHER'S NAME	ALD T	TLGH	MAN	14. MOTHER'S	MAIDEN NAME ENDOLYN	Was	HUNGTO,	N
hin 24 h Page File po		WAS DECEASED EVER	IN U. S. ARMED FOI f yes, give wor or dates of		SECURITY NO. 17, 11	ITLD R	EDTAYLO	Address TET	) EAL SBURG	- 1
with Gama.		18. CAUSE OF DEATH	[Enter anly ane cau	se per line for (o), (	b), and (c).)				INTERVAL BETWEEN ONSET AND DEATH	
per Per Per		PART I. DEATH	WAS CAUSED BY:	Gestin	1 Inter	dis.			acute	
Lterr I far nsit		7640	DUE TO	6. 0					4	
viti viti		Conditions, if any		Mal	rubulu	1			3 WE	1
penci penci alang burial		gave rise to immedia (o), stating the un- cause lost.								
ds ci is a da d	Z	PART II, OTHER	SIGNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN	PART 1(0) 19. WAS AUTOPS	SY
riffica nding 's Of	ATIC								PERFORMED?	0
miner d be	CERTIFICATION	20a. EXTERNAL CAUSI PRIMARY Or CONT CAUSE OF DEATH.	E WAS RIBUTING   20	b. DESCRIBE HOW I	NJURY OCCURRED. (E	nter nature of in	njury in Port I or Port II of ite	m 18.)		
should should	MEDICAL	20c. TIME OF INJURY	Month, Day, Yea			E OF INJURY (I		wn)	(County) (State	e)
Main and and and and and and and and and an	ME	p. m.	19	of wark o	t work					
S = Z S		21. I certify tha		- Land	s described abo	ve, held an	Autapsy , Inspe	ctian 🔲, Inc	uiry [], and find t	hal
te, wri		death resulted f	rom: Natural	causes A, A	cident, Sui	ide [], H	lamicide, Undet	ermined cause		
The The		ACTUAL	150	100 100		CHIEF M	AEDICAL EXAMINER		DATE SIGNED	
A to		SIGNATURE	uson C	reary		_m.b.	NT MEDICAL EXAMINER		1 1-1	~
UNERAL		EXAMINER'S NAME (Type)				DEPUTY	MEDICAL EXAMINER		3-0-6	0
out form	220	BURIAL, CREMATION, REMOVAL (Specify)	-0 -	F 22c. NA	ME OF CEMETERY OR		22d. LOCATION	(City, town, or coun	ty) (State)	
	23.	FUNERAL DIRECTOR'S		/	DRESS S	7	240. REC'D BY REGISTRAR	24b. REGISTRAR	SIGNATUREA .	-
VS. A1SME(\$) 5M 9/55		11	week he	coresto	w Da	tow	DATE MAR 1 4 '60	Circum	22.	
200x 4/5/60		20/801	8 DX VA							

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any Jolay is necessary, please mean the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and a partitional director. Page mean at the forwarded to the high Medical Examiner's Office along with form PM3. Page 5 y be refained for your files.  TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, if any event within 22 hours after death.	- 8	IEA	LT	H
VS. ATSME	TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any bloy is necessary, please	the certificate, writing he word "pending" in pencil in Item 18. Give Pages 1, 2, and by binef Medical Examiner's Office along with form PM3. Page 5, to be related for your files.	TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health.	or its designated agent, prior to burial, cremation, or remaval, and in any event within 72 haurs after death.

5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3124

03099

0 2 70 2						Keg. Dist. I	No.		
1. PLACE OF DEATH O. COUNTY			SUAL RESIDENCE (W				before ad	mission)	
Caroline	MAI	RYLAND	STATE Mary	rland	b. COUNTY	Caro	lin	е	
<ul> <li>CITY OR TOWN (If autside corporate limits, write and give nearest town)</li> </ul>			. CITY OR TOWN (IF			RURAL ond give	e nearest (	town)	
Rural Greensboro	78 Yr	- 1/-	Rural Gr	reensl	oro				
d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street addr	955)	. STREET ADDRESS					IS RESIDENCE ON A FARM? S IN NO THE	
None					None		YES	X NO	
3. NAME OF First DECEASED	Middle		Lost	4. DATE OF	Month	Do	ау	Yeor	
(Type or print) Margaret	Lucret		charias	DEATH	3	]	ll	19 60	
5. SEX 6. COLOR OR RACE	7. MARRIED   NEVER MARRI	ED 8. DATE	OF BIRTH	1	9. AGE (In years lest birthday)	Months Days			
TOMOTO MITTOC	WIDOWED DIVORCED		9-1881		78 yrs.	Monnis Days	Hours	min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	one 10b. KIND OF BUSINESS OF	R INDUSTRY 1	. BIRTHPLACE (State	or foreign co	untry)			T COUNTRY	
Housekeeper	None		Marylar	nd		U.S	5.A.		
13. FATHER'S NAME		14. /	NOTHER'S MAIDEN N						
Daniel J. Zacharias			Susan Moyer						
15. WAS DECEASED EVER IN U. S. ARMED FOR IYES, me, or unknown)		D. 17. INFORM	AANT		Address				
No	None	Anna	Witten	Gree	ensboro	, Mary	rlan	d	
18. CAUSE OF DEATH [Enter only one caus	0 11	0	10	0		IN	TERVAL BET	MEEN	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardio Va	sculo	2 (Cenas	e de	seare	100	Lucy	140m	
442X DUE TO								Just	
Conditions, if any, which) (b)									
(a), stating the underlying DUE TO									
couse tast. (c)_									
PART II, OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEA	TH BUT NOT RE	LATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(6)	19. WAS	S AUTOPSY	
PART II. OTHER SIGNIFICANT COND  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	really Ex	Dose	ell				YES 🗌	A.C	
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	DESCRIBE HOW INJURY OCCI	RRED. (Enler n	olure of injury in Part	I or Port It o	of item 18.)				
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19		20e. PLACE OF	INJURY (Home, form, eet, office bldg., etc.)	20f. (City	or town)	(County)		(State)	
Mour o. m. 19	While Not while of work at work								
21. I certify that I took charge	of the remoins describe	ed obove, l	eld on Autopsy	/, In:	spection .	Inquiry [	], 0	nd in my	
apinion deoth resulted from: N	lotural couses . Acc	ident [],	Suicide , F	tomicide	, Undete	rmined mon	ner 🗌		
1	- Mark								
SIGNATURE SIGNATURE	D leonge	M.D	CHIEF MEDICAL EX	AMINER -			DATE	SIGNED	
0			ASSISTANT MEDICA				4	. /	
EXAMINER'S Dawson O.	George M.D.		DEPUTY MEDICAL E	XAMINEI	1		3-1	2-60	
220. BURIAL, CREMATION, 226. DATE THEREOL	22c. NAME OF CEME	TERY OR CREM	ATORY	22d. LOCATI	ION (City, town, o	r county)	(Ste	ote)	
Burial 3-14-6	O Greens	boro		Gre	ensboro	, Mary	ylan	d	
23 PHINERAL-DIRECTOR'S SIGNATURE	ADDRESS		240. REC'D	BY REGISTR		TRAR'S SIGNAT			
T. G. 12 N. O	1 noone Alons	n M.	OATERIAL	6 1 A 160	) On	Thun 8 the	Aug		

	a charactery in E			emilernia	
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	THE RESERVE			A Thursday dik	
	te la la contrata				
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(				1) 11(0)	
					Topical Aug
	particular and selections.				
		Here .	1. 1. 22/ 23	D. D. HOSELVI	
tataline ', clo		100000		descere SS A	